

Health Insurance Assistance

Premium Subsidies for COBRA Continuation Coverage for Unemployed Workers

To assist individuals in maintaining health coverage, the bill provides a 65% subsidy for COBRA continuation premiums for up to 9 months for workers who have been involuntarily terminated, and for their families. This subsidy also applies to health care continuation coverage if required by states for small employers. To qualify for premium assistance, a worker must be involuntarily terminated between September 1, 2008 and December 31, 2009. The subsidy would terminate upon offer of any new employer sponsored health care coverage or Medicare eligibility. Workers who were involuntarily terminated between September 1, 2008 and enactment, but failed to initially elect COBRA because it was unaffordable, would be given an additional 60 days to elect COBRA and receive the subsidy. To ensure that this assistance is targeted at workers who are most in need, participants must attest that their same year income will not exceed \$125,000 for individuals and \$250,000 for families. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

How to Apply: Current law requires employers to work with employees about how to access COBRA and private health plans must also assist former employees in receiving this benefit. For more information, visit <http://www.dol.gov/ebsa/cobra.html> .

Medicare Payments for Teaching Hospitals

The bill blocks a FY09 Medicare payment reduction to teaching hospitals related to capital payments for indirect medical education (IME). (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

Medicare Payments to Hospice. The bill blocks FY09 Medicare payment cut to Hospice

providers related to a wage index payment add-on. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

Medicare Payments to Long Term Care Hospitals. The bill makes technical corrections to the Medicare, Medicaid, and SCHIP Extension Act of 2007 related to Medicare payments for long-term care hospitals. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

State Fiscal Relief and Medicaid

Temporary Federal Medical Assistance Percentage (FMAP) Increase

The bill increases FMAP funding for a 27-month period beginning 10/1/2008 through 12/31/2010, with an across-the-board increase to all states of 6.2% and a similar increase for territories. A bonus structure (in addition to the across-the-board increase) provides an additional decrease in State financial obligations for Medicaid based on increases in the State's unemployment rate. States will also be required to maintain effort on eligibility. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

How to Apply: States will automatically receive this benefit. For more information visit <http://www.hhs.gov/recovery/programs/medicaidfmap.html>

Temporary Increase in Disproportionate Share Hospital (DSH) Payments

The bill increases states' FY2009 annual DSH allotments by 2.5 percent, and increases states' FY 2010 by 2.5 percent above the new FY2009 DSH allotment. After FY2010, states' annual DSH allotments would return to 100% of the annual DSH allotments as determined under current law. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

How to Apply: DSH hospitals will automatically benefit from this provision.

Extension of Moratoria on Medicaid Regulations

The bill extends moratoria on Medicaid regulations for targeted case management, provider taxes, and school-based administration and transportation services through June 30, 2009. The bill also adds a moratorium on the Medicaid regulation for hospital outpatient services through June 30, 2009. The provision includes a Sense of Congress that the Secretary of HHS should not promulgate regulations concerning payments to public providers, graduate medical education, and rehabilitative services. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

How to Apply: The moratoria will automatically go into effect.

Extension of Transitional Medical Assistance (TMA)

The bill extends TMA beyond the current expiration date of June 30, 2009, to December 31, 2010. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

Extension of the Qualified Individual Program

The bill extends the Qualified Individual program, which assists certain low income individuals with Medicare Part B premiums, through December 31, 2010. The program helps Medicare beneficiaries who have a limited income but are not poor enough to qualify for Medicaid with financial assistance to help pay their Medicare premiums. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

Provisions from the Indian Health Care Improvement Act

The bill eliminates cost-sharing for Americans Indians and Alaska Natives in Medicaid, protects Indian Tribal property, and maintains access to Indian health facilities. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

Prompt Payment Requirements for Nursing Facilities and Hospitals

The bill temporarily applies Medicaid prompt pay requirements to nursing facilities and hospitals. (from [Full Summary of Provisions from the Senate Finance and House Ways & Means Committees](#))

Health Information Technology

Funding for Health Information Technology (IT) through Medicare and Medicaid Incentives

This bill promotes the use of health information technology (health IT), such as electronic health records, by: requiring the government to take a leadership role to develop standards by 2010 that allow for the nationwide electronic exchange and use of health information to improve quality and coordination of care; investing \$19 billion in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors, hospitals, and other providers to use health IT to electronically exchange patients' health information; and strengthening Federal privacy and security law to protect identifiable health information from misuse as the health care sector increases use of health IT. If the bill is enacted, approximately 90% of doctors and 70% of hospitals would adopt and use certified electronic health records within the next decade, according to the Congressional Budget Office. In turn, that would save the government more than \$12 billion (through reduced spending on Medicare, Medicaid, and other programs) and generate additional savings throughout the health sector through improvements in quality of care, care coordination, and reductions in medical errors and duplicative care.

How to Apply: For more information visit <http://www.hhs.gov/healthit/> .